

Joint Annual Report

FY 2018

(July 1, 2017- June 30, 2018)



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EXECUTIVE SUMMARY

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS or Department) functions as Tennessee's mental health, substance use disorders, and opioid treatment authority. The Joint Annual Report allows TDMHSAS, jointly with the Statewide Planning and Policy Council membership, to report accomplishments and challenges annually to the Governor and State Legislature. During each fiscal year, TDMHSAS conducts a Needs Assessment that focuses on the population of Tennessee to ascertain unmet service needs and delivery system gaps. In the subsequent year, TDMHSAS develops budget and funding targets that seek to meet the service needs identified by the assessment.

In FY 2018, TDMHSAS continued to engage in collaborations to improve service outcomes while containing costs; maintain and improve community mental health and substance abuse services; provide effective education and prevention services; decrease prescription drug abuse; and promote wellness and recovery for the citizens of Tennessee.

One ongoing challenge for TDMHSAS is maintaining a high-quality continuum of services while facing increased demands and persistent financial limitations. As a response to the challenge, TDMHSAS also leverages federal and other non-state resources to meet unmet needs. In FY 2018, Commissioner Marie Williams, with significant support from the Haslam administration and Tennessee General Assembly, continued to work deliberately to increase suicide prevention and awareness while reducing the stigma associated with behavioral health, increase substance abuse funding, and provide effective continuity of care for individuals living with mental health, substance abuse and co-occurring disorders.

This past fiscal year, Governor Haslam established "TN Together" in a comprehensive effort to end the opioid crisis in Tennessee through prevention, treatment, and law enforcement. As part of this initiative, \$25 million was devoted to treatment and recovery services. In FY 2018, the Department was also allocated \$15 million in non-recurring funds to administer the Pre-Arrest Diversion Infrastructure Project. The Department used these funds to partner with seven communities across the state to create jail diversion programs for those struggling with behavioral health needs in order to effectively care for people in the best manner possible while saving both state and local resources. TDMHSAS also received \$6 million in federal funding to provide medication-assisted treatment (MAT) for opioid addiction to people who otherwise might not have access to it. This effort known as the Targeted Efficacy and Capacity Building in Opioid Treatment-TN (TECBOT-TN) was awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to help close the gap in access and delivery of evidence-based, MAT services for persons with opioid use disorders. Treatment supported by this funding will serve the uninsured or underinsured, particularly veterans or military members and women of childbearing age. In all, the funding will provide medication-assisted treatment for 660 people in six targeted counties.

Other successes include, implementation of the first year of the federal State-Targeted Response (STR) grant, which enabled the Division of Substance Abuse Services to implement an Opioid Overdose Rapid Response System and Team, provide 8,916 units of naloxone to lay people and individuals leaving treatment or deemed high risk of overdose, and serve 4,200 individuals by providing treatment and recovery support services; the Division of Mental Health Services' creation of approximately 760 additional safe, quality, affordable, and permanent housing opportunities for individuals experiencing mental illness or co-occurring disorders through the Creating Homes Initiative; and the successful discharge of over 300 subacute individuals from state facilities into the community as a result of collaboration between the Division of Hospital Services, TennCare, and Tennessee's Managed Care Organizations.

PURPOSE, SCOPE, AND ACTIVITIES OF TDMHSAS

It is the mission of TDMHSAS to provide, plan for, and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, rehabilitation, and recovery support services, and the vision of the Department to be the nation's most innovative and proactive state behavioral health authority. TDMHSAS provides services to individuals and families in Tennessee struggling with mental health and substance abuse issues, providers, legislators, other state agencies, and consumer/advocacy groups. Those services include: education; prevention; treatment; licensing oversight for community organizations providing behavioral health services; and outpatient and inpatient care. The Department operates four Regional Mental Health Institutes (RMHIs), and provides research and policy development regarding a wide array of behavioral health issues.

The Department is responsible for system planning; setting policy and quality standards; licensing personal support services agencies, mental health and substance use services and facilities; system monitoring and evaluation; and disseminating public information and advocacy for persons of all ages who live with serious mental illness (SMI), serious emotional disturbance (SED), substance use disorder (SUD), and/or co-occurring disorder (COD). Through the operation of four fully accredited RMHIs, TDMHSAS also provides inpatient psychiatric services for adults, including acute, sub-acute, and forensic.

TDMHSAS is comprised of the following Department offices and divisions: Office of the Commissioner; Division of Administrative and Regulatory Services; Division of Mental Health Services; Division of Substance Abuse Services; Division of Hospital Services; Division of General Counsel; Division of Clinical Leadership; Division of Planning, Policy, and Legislation; Office of Communications; and Office of Human Resources. Through the Department Offices and Divisions, TDMHSAS provides a quality spectrum of services across the lifespan. Collaborative efforts, both public and private, include but are not limited to mental health, substance abuse, criminal justice, veterans, and child/family organizations. The result is the creation of a cross-systems approach that promotes the most effective outcome of care.

TDMHSAS is dedicated to implementing and executing Governor Bill Haslam's vision of a state government that is customer-focused, efficient, and effective. The goals of this vision, commonly referred to as Customer Focused Government (CFG) include: actively work with RMHI leadership continuing efforts to improve outcomes for patient care while containing cost; maintain and improve community mental health and substance abuse services; provide effective education and prevention services; and lead in partnership with state agencies and community partners to prevent and treat prescription drug abuse epidemic in Tennessee.

ORGANIZATION OF TDMHSAS

OFFICE OF THE COMMISSIONER is made up of the Commissioner, Deputy Commissioners, and Executive Administrative staff. This Office oversees and leads the Department in its mission to be the nation's most innovative and proactive state behavioral health authorities for Tennesseans dealing with mental health and substance abuse problems. The Office is responsible for system planning; setting policy and quality standards; system monitoring and evaluation; disseminating public information; and advocating for people of all ages who have mental health issues, serious emotional disturbances, and/or substance abuse disorders. Annually the office assesses the public's needs for mental health and substance abuse services and supports. This function is carried out in consultation and collaboration with current or former service recipients; their families, guardians, or conservators; advocates; provider agencies; and other affected people and organizations.

DIVISION OF ADMINISTRATIVE AND REGULATORY SERVICES (DARS) oversees fiscal monitoring of Department grants, general services, procurement, major maintenance and capital construction projects, licensing of all Tennessee agencies providing mental health, substance abuse, and personal support services, investigating complaints of abuse, neglect or fraud against licensed organizations, and coordinates facility administration of the Regional Mental Health Institutes with the Division of Hospital Services.

OFFICE OF RESEARCH makes information about substance use and mental health available to stakeholders, policymakers, and TDMHSAS program divisions through data books available on the Department's website. Regional Planning and Policy Councils use this information to inform the Department's Needs Assessment. The Office of Research is responsible for compiling and reporting information about individuals receiving publicly-funded mental health services as a condition of the Mental Health Block Grant.

DIVISION OF MENTAL HEALTH SERVICES (DMHS) administers and supports a diverse array of services and supports for individuals of all ages living with mental illness, co-occurring disorders, and/or serious emotional disturbances. DMHS creates and oversees community-based programs and community support services for adults and children, housing, crisis services, suicide prevention and peer-to-peer recovery services.

DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS) is responsible for planning, developing, administering, and evaluating a statewide system of prevention, treatment, recovery support services for the general public, persons at risk for substance abuse, persons abusing substances, and recovery courts.

DIVISION OF HOSPITAL SERVICES (DHS) provides oversight of operation of the four Regional Mental Health Institutes (RMHIs) and three private contracted hospitals in East Tennessee for administrative, quality management, program services, and nursing services.

OFFICE OF FORENSICS AND JUVENILE COURT SERVICES (OFJCS) provides oversight of forensic evaluations for adult and juvenile courts and mandatory outpatient treatment services.

DIVISION OF GENERAL COUNSEL (DGC) includes the Offices of Legal Services, Investigations, Contracts, and Special Counsel that provide department-wide services in support of the Governor and Commissioner's mission and goals. The General Counsel serves as the chief legal advisor to the Commissioner and senior leadership.

DIVISION OF CLINICAL LEADERSHIP (DCL) is responsible for providing clinical oversight and policy development for the regional mental health institutes (RMHIs) and clinical consultation to various divisions within the Department. The Chief Pharmacist also acts as the State Opioid Treatment Authority. The Division oversees Tennessee's opioid treatment programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; and manages Title VI compliance for the Department. DCL further pilots substance abuse initiatives designed to benefit either individuals and/or families.

DIVISION OF PLANNING, POLICY & LEGISLATION (DPPL) coordinates departmental legislative and rulemaking activities, provides planning and support for the Statewide and Regional Planning and Policy Councils, and prepares the Mental Health Block Grant Application, SAMHSA Annual Report, Joint Annual Report to the Governor, Three-Year Plan, and the Annual Needs Assessment.

OFFICE OF COMMUNICATIONS (OC) develops internal and external communications including the drafting, production, and distribution of news releases and statements to the media, publication of Department newsletters, and manage the Department's website.

OFFICE OF HUMAN RESOURCES (OHR) works to ensure the Department has a workforce capable of fulfilling its mission and objectives through policy advice and technical assistance to managers and staff at the Central Office and Regional Mental Health Institutes on matters such as Americans with Disability Act, Equal Employment Opportunity; employee relations; benefits; recruiting; training; performance evaluations; and personnel actions.

STATEWIDE AND REGIONAL PLANNING AND POLICY COUNCIL SYSTEM

Title 33 of the Tennessee Code Annotated requires a structured planning process with council participation. TDMHSAS administers seven Regional Planning and Policy Councils from which regional mental health and substance abuse needs and information are channeled to the Statewide Planning and Policy Council and to the Department. All levels of this unified planning and policy council system are advisory, and require the majority of membership to be current or former service recipients and/or members of service recipient families. Each Council meets quarterly.

Statewide Planning and Policy Council

The purpose of the TDMHSAS Statewide Planning and Policy Council is to assist in planning a comprehensive array of high quality prevention, early intervention, treatment, and habilitation services and supports, and to advise the Department on policy, budget requests, and developing and evaluating services and supports (T.C.A. §33-1-401).

Responsibilities of council members include advising the Commissioner regarding plans and policies to be followed in the service system and the operation of the Department's programs and facilities; providing recommendations to the General Assembly legislation and appropriations for such programs and facilities; and, publicizing generally the situation and needs of persons with mental illness, serious emotional disturbance, substance use disorders, and their families. With the Commissioner, the TDMHSAS Statewide Planning and Policy Council also reports annually to Governor on the service system, including the Department's programs, services, supports, and facilities.

The TDMHSAS Statewide Planning and Policy Council is made up of fifty-three (53) mental health and substance abuse (MH-SA) providers, consumers, family members, advocates, and other stakeholders in Tennessee. It is a large, active, independent body. In 2018, twelve council members were appointed or reappointed. The Statewide Planning and Policy Council achieved a quorum at each one of its quarterly meetings and actively sought to advise the Department concerning the needs of the communities served by its membership. Council committees (Adult Committee, Children's Committee, Executive Committee, Legislative Committee, and Planning and Budget Committee) met a total of twelve times during the year.

Regional Planning and Policy Councils

The purpose of the Regional Planning and Policy Councils is to advise the TDMHSAS Statewide Planning and Policy Council on the Three-Year Plan including the desirable array of prevention, early intervention, and treatment services and supports for service recipients and their families, and such other matters as the Commissioner or the TDMHSAS Statewide Planning and Policy Council may request, and provide information and advice to the Department on policy, formulation of budget requests, and development and evaluation of services and supports (TCA §33-2-202).

The Regional Planning and Policy Councils provide citizen participation in policy planning, and are representative of service recipients and their families, advocates for children, adults, and the elderly, service providers, agencies, and other affected persons and organizations (T.C.A. §33-2-203). In order to achieve inter-related communication and work among and between councils, the chairs and vice-chairs of each regional council may serve on the TDMHSAS Statewide Planning and Policy Council.

A Needs Assessment is conducted annually by the Regional Planning and Policy Councils to assist the Department with planning for resource allocation. Prioritized needs are shared with TDMHSAS staff to inform the development of strategies for the Three-Year Plan and report progress annually. In addition to the Needs Assessment, the Regional Councils also review and provide input on both the federal Mental Health and Substance Abuse Block Grant plans and funding, legislative proposals for review by the Commissioner and possible consideration by the Governor, and other departmental reports and initiatives.

Regional Planning and Policy Councils are kept informed about Department activities through the monthly Executive Staff Report, in-person reporting at each quarterly Regional Planning and Policy Council meeting, and

ongoing interaction via email and telephone provided by the Office of Planning. In addition to the information dissemination that takes place between the Department and the Councils, specialized training regarding the use of data in the Needs Assessment process and the appropriate issues and format for legislative proposals have been provided to representatives from the Regional and Statewide Councils in the first two months of calendar year 2018. The Office of Planning produces a Grants Resource Finder that is distributed via email and published on the Department's website monthly for use by the Councils for finding possible sources of funding.

The Planning and Policy Council system is unique to Tennessee with none other like it in the nation. It serves to bring grass roots participation from all regions of the state.

ANNUAL NEEDS ASSESSMENT PROCESS

Identifying the most relevant behavioral health needs of Tennesseans is essential to the activities of the Department. TDMHSAS ensures that the most relevant needs are prioritized by asking the Statewide and Regional Planning and Policy Councils to complete an annual Needs Assessment. Each Spring, the seven Regional Planning and Policy Councils as well as the Statewide Planning and Policy Council's Committees (Adult, Children's, and Consumer Advisory Board) work independently to identify two mental health and two substance abuse needs. Each identified need is supported by data and is submitted to the Department. Information from each Statewide Committee and Regional Planning and Policy Council is gathered, and a Needs Assessment summary is compiled. This summary is then shared with TDMHSAS leadership and assists in the development of the Department's Three-Year Plan.

The Needs Assessment process creates a data-informed method for the Statewide and Regional Planning and Policy Councils to influence the design of the mental health and substance use service delivery system by identifying each region's needs to enable targeting of state resources to more effectively and efficiently meet identified needs. Participants in the Needs Assessment process include Statewide and Regional Planning and Policy Councils, consumers, family members, caregivers, advocates, service providers, and TDMHSAS staff. Considerations include the Governor's and Commissioner's priorities, state and federal law and regulations, Substance Abuse Mental Health Services Administration (SAMHSA) strategic initiatives, data from statewide Needs Assessments, and funding availability. In 2018, the Fast Facts Portal, which provides budget information as well as an overview of key statistics concerning TDMHSAS funded mental health and substance abuse services in Tennessee, was created by the Office of Research. This portal is particularly helpful to the Statewide and Regional Planning and Policy Councils in identifying needs throughout the state. The Fast Facts Portal is available on TDMHSAS' website.

FISCAL YEAR 2018 ACCOMPLISHMENTS, ACTIVITIES, AND INITIATIVES

DIVISION OF ADMINISTRATIVE AND REGULATORY SERVICES (DARS)

The DARS encompasses the Offices of Licensure, Subrecipient Monitoring, and General Services. DARS oversees a wide array of critical regulatory and business operations of the Department of Mental Health and Substance Abuse Services (DMHSAS). These operations include oversight responsibility for subrecipient fiscal monitoring of all agencies with whom the Department contracts; licensing of State agencies that provide mental health, substance abuse, and personal support services; administering the construction and engineering at DMHSAS-operated and leased facilities; overseeing purchasing and general services in the Department's Central Office; and, in cooperation with the DHS, coordinating facility administration of the Department's RMHIs.

In FY 2018, the DARS Office of Subrecipient Monitoring implemented its annual monitoring plan, monitoring an increased number of Department grants while investigating complaints. The Office of Subrecipient Monitoring reviewed 191 contracts at 76 agencies. It continues to work with Department divisions, offices, and RMHIs to develop the Department's annual Risk Management Plan, filed annually. This Office maintains a close working relationship with Department IT staff to increase efficiencies in the Department's contract monitoring database. Many Department grant recipients are new to government contracting requirements; as a result, the Office of Subrecipient Monitoring increased its one-on-one technical assistance sessions with these new agencies from 48 in FY 2017 to 72 in FY 2018. The Office of Subrecipient Monitoring was a presenter in training opportunities

sponsored by the Office of Licensure and the DSAS, and continues to be the Department's liaison with the Comptroller's office, submitting its monitoring reports for Comptroller review and investigations.

The Office of Licensure (Licensure) began the fiscal year with 35 agencies licensed under a new category of service – the Office-based Opioid Treatment (OBOT) facility. By year's end, that number more than doubled to seventy-one (71). Licensure surveyed 1,539 licensed sites (State law requires that each agency be inspected at least once annually), while conducting 2,098 on-site investigations and/or inspections. Licensure continues to work closely with the DCL to familiarize Licensure staff with OBOT operations while providing technical assistance to the newly-licensed agencies. Licensure also provided training sessions in each of Tennessee's Grand Regions, educating licensees on changes in licensure laws and regulations, and coordinated training sessions with the Department's Office of Subrecipient Monitoring, DCL, and the Department of Human Services Adult Protective Services (APS). Approximately three hundred representatives of licensed agencies attended these three training sessions. Working closely with APS, Licensure also provided training to attendees at APS-sponsored sessions while coordinating investigations, many of which resulted in individuals being recommended for placement on the Department of Health's Abuse Registry.

DIVISION OF MENTAL HEALTH SERVICES (DMHS)

The Crisis Continuum in Tennessee

Tennessee Crisis Services incorporate a continuum of high quality crisis services, including Mobile Crisis, Crisis Stabilization, Crisis Respite and Walk-In Center services. The philosophy is based on determining the most appropriate intervention needed to successfully alleviate the crisis in the least restrictive environment available to meet the needs of the individual. The TDMHSAS contracts with twelve adult-serving community-based providers and four child and youth serving providers to offer statewide mobile crisis services to individuals of all ages. Mobile Crisis provides 24/7/365 mobile response services to wherever the crisis is occurring in the community, toll-free telephone triage and intervention, face-to-face assessments and intervention, screenings for involuntary hospitalization by a mandatory pre-screening agent, referral for additional services and treatment, and follow-up services.

From July 1, 2017 to June 30, 2018, individuals interfaced with the continuum of crisis services a total of 226,326 times. Crisis service providers received and answered 128,338 crisis phone calls statewide. These phone calls resulted in crisis service providers conducting 80,498 face-to-face assessments, of which 89% of the children and youth assessments and 82% of the adult assessments were responded to within the two-hour state required timeframe. Of the face-to-face assessments conducted by mobile crisis, 23% were completed in a crisis walk-in triage center, 44% in an Emergency Department (ED), and 33% were completed in community locations. Community locations include but are not limited to: jails or detention facilities, schools and universities, and nursing homes. Of those individuals assessed by mobile crisis services, 58% were referred for least restrictive appropriate community clinical treatment (crisis stabilization units [CSUs], respite, outpatient treatment, residential treatment, home, etc.) and 42% were referred for inpatient hospitalization. Additionally, there were 12,942 technology-assisted crisis assessments conducted using telehealth; a 17% increase from FY 2017. Technology-assisted crisis assessments help to ensure timely response to community locations, reduce average lengths of stay in emergency rooms, and improve overall efficiency of limited crisis resources.

Tennessee currently operates eight CSUs: Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville, Morristown, and Johnson City. CSUs provide facility-based, voluntary services that offer 24/7/365 intensive, short-term stabilization and behavioral health treatment for persons 18 years of age and older whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. An average length of stay at a CSU is three days. Each CSU has a 15-bed capacity with the exception of one 10-bed unit located in Cookeville, Tennessee. There are a total of 115 community-based crisis stabilization beds across the state. In FY 2018, Statewide CSUs admitted 9,799 individuals for psychiatric treatment with 70% of those admissions being for uninsured individuals. The CSUs continue to assist in the effort to maximize the availability of psychiatric hospital beds for Tennesseans with the highest acuity level.

Tennessee's Crisis Continuum also offers 24/7/365 walk-in center services at eight walk-in center locations across

the state: Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville, Morristown, and Johnson City. The 2017-2018 state budget appropriated \$3.5 million additional recurring dollars to enhance the continuum of crisis services by allocating funding to Tennessee's eight walk-in triage centers. The additional funding expanded access to community crisis services, allowing the walk-in centers to expand capacity and enhance the level of screening and treatment. As a result, in addition to receiving a face-to-face evaluation with a professional crisis responder, individuals also have access to: a psychiatric medication prescriber, 24/7 nursing assessments, 23-hour observation services, and other needed services and supports. Walk-in center services are beneficial to law enforcement officials by offering prompt access to mental health assessments and referrals. Additionally, the walk-in capability provides an alternative treatment resource for individuals in a behavioral health crisis which potentially defers from Tennessee's EDs and increases options for pre-arrest diversion. As a result of the \$3.5 million appropriated to Tennessee's walk-in centers, 20,651 individuals received services which is a 14% increase from FY 2017.

Although Tennessee is outperforming the nationwide average related to wait time for patients experiencing a behavioral health crisis, the state continues to experience an increase in wait times and the number of persons waiting for placement at a psychiatric hospital. In FY 2017, in an effort to proactively address this problem, TDMHSAS and the Tennessee Hospital Association (THA) brought together a public/private collaboration among community partners and formed a work group to review Tennessee's current adult psychiatric care delivery system. These efforts include a key emphasis on providing treatment immediately at the point of entry into the system. In FY 2018, the collaboration expanded the work to review the pediatric psychiatric care delivery system. The workgroup's current focus is to develop ED best practices relative to care paths/protocols for three primary patient populations to include autism, and coordination and communication with stakeholders external to the hospital.

Since 2016, the suicide rate in Tennessee has continued to rise. While TDMHSAS and contracted partners work hard to prevent suicide through training, awareness, counseling and outreach, reducing the number of suicides remains a challenge in Tennessee. An opportunity within the crisis services continuum is to further ensure follow-up care for individuals using the crisis system. Reciprocal referral relationships and transition protocols require further development to ensure at-risk patients discharged from EDs, inpatient psychiatric units, and crisis centers are rapidly linked to enhanced follow-up (EFU) services. Many businesses in the public and private sectors are ill-equipped to handle a suicide attempt/death, and postvention training is needed in order to support individuals who are grieving, and prevent complicated grief and suicide contagion. In response to these concerns, TDMHSAS applied for and was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) three-year National Strategy for Suicide Prevention (NSSP) grant, supporting the work of the previous NSSP grant cycle. The 1.4 million dollar grant supports implementation of the 2012 National Strategy for Suicide Prevention on preventing suicide and suicide attempts among adults ages 25 and older. Tennessee was one of five states to be awarded with delivery of services beginning on October 1, 2017. Additionally, through funding provided by two SAMHSA grants with Statewide implementation, more than 2,494 individuals have been referred for EFU services following a suicidal crisis. Training has also been provided for gatekeepers and professionals to help prevent and intervene in the lives of individuals at risk of suicide. Through the suicide prevention efforts in Tennessee, more than 1,000,000 people are reached each year. The recent NSSP grant award will support the continuation of this work.

The Behavioral Health Safety Net of Tennessee (BHSN of TN)

In an effort to help Tennesseans with serious mental illness who lack behavioral health insurance coverage, TDMHSAS collaborates with community mental health agencies across the state to provide vital services, helping people with serious mental illness lead functional and productive lives. Services offered through the BHSN of TN include assessment, evaluation, diagnostic services, therapeutic intervention, case management, peer support services, psychosocial rehabilitation services, office visit for evaluation and management, labs related to medication management, and pharmacy assistance and coordination.

As a pilot project through the end of FY 2019, transportation was added as a BHSN of TN service. This service provides transportation for enrollees for the purpose of accessing treatment and recovery services covered by the BHSN of TN. Assessment will be made during the course of FY 2019 as to whether transportation will continue as a

BHSN of TN service.

In FY 2018, 539,325 services were provided to 32,667 individuals through the BHSN of TN. The top utilized services include: case management, psychotherapy, psychosocial rehabilitation, and office visits for evaluation and management.

Consumer Affairs and Peer Recovery Services

TDMHSAS contracted with the Tennessee Mental Health Consumers' Association (TMHCA) to provide peer support services in the state's CSUs via Certified Peer Recovery Specialists (CPRSs) in the CSU PeerLink program. The program is designed to reduce repeat use of crisis services, increase continuity of care, and help individuals move forward in their recovery. In FY 2018, the CSU PeerLink program served 263 people at the CSUs in Cookeville, Chattanooga, Knoxville, and Johnson City, providing peer support services that included developing a recovery plan and providing follow-up care after discharge.

TDMHSAS also served as the liaison to TMHCA's RMHI Peer Engagement Project, where eight of TMHCA's CPRSs provided peer support services to 7,758 patients in each of the state's four RMHIs. The CPRSs shared their personal stories of recovery with the patients, taught Wellness Recovery Action Plan (WRAP) classes, and provided peer support services after discharge to 276 individuals.

Additionally, the Department funded 45 Peer Support Centers in Tennessee where CPRSs provided peer support to 9,232 individuals who live with serious mental illness (SMI) and assisted them in their recovery journey. In FY 2018, the Office of Consumer Affairs and Peer Recovery Services developed a partnership with the Tennessee Department of Correction (TDOC) and facilitated two 40 hour trainings for qualified inmates to become CPRSs and provide peer support to their fellow inmates during their prison sentence. The Peer Recovery Call Center operated in East Tennessee by the Mental Health Association of East Tennessee received or made 6,340 calls providing assistance to Tennesseans seeking mental health resources and support.

Housing and Homeless Services

TDMHSAS continued its leadership toward the effort to affect statewide homelessness with the Tennessee State Plan to End Homelessness. Adopted by the Tennessee Interagency Council on Homelessness (TICH) on May 25, 2016, the Plan incorporates the collaborative power of multiple State agencies to identify specific needs and resources, ensuring Tennesseans in need have access to safe, affordable, quality housing options. One of the established TICH workgroups, the Continuum of Care (CoC) Workgroup, collaborated with the TDMHSAS Office of Housing and Homeless Services to conduct a collaborative brainstorming session to prepare for the submission of Housing and Urban Development (HUD) FY 2018 CoC Program Notice of Funding Availability (NOFA) applications. This effort served as a major contributor of the successful submission of NOFA applications for all ten CoC regions in the state. As a result of active discussion and collaboration during established TICH quarterly meetings and related workgroup meetings, the workgroup expanded its vision to incorporate considerations for partnership opportunities with faith-based communities which can positively impact the need for increased resources to supplement efforts toward the reduction of statewide homelessness.

Additionally, the Creating Affordable Housing Program, a supplemental funding grant awarded to community-based provider agencies, created 57 housing opportunities throughout the State of Tennessee for individuals experiencing mental health or co-occurring disorders. The Creating Affordable Housing Program supplements the Creating Homes Initiative (CHI), which was devised by TDMHSAS Commissioner Marie Williams in the year 2000 to increase the safe, affordable, quality, permanent housing options for those Tennesseans experiencing mental illness or co-occurring disorders. Since its inception, the CHI has leveraged approximately \$611,000,000 in new federal, state, local, and private funds. In FY 2018, approximately 760 additional safe, quality, affordable, and permanent housing opportunities for individuals experiencing mental illness or co-occurring disorders were successfully created as a direct result of the work and effort executed within the CHI.

Individual Placement and Support Supported Employment (IPS)

Individual Placement and Support Supported Employment (IPS) is a continuing partnership between TDMHSAS and the Department of Human Services Vocational Rehabilitation. The initiative is an evidence-based model of supported employment for individuals with behavioral health challenges. Supported Employment programs assist individuals in obtaining employment, and once employed, provide supports to assist in maintaining work. In FY 2018, the expansion of IPS services continued with the First Episode Psychosis Initiative (FEPI) in which an IPS Employment and Education Specialist was added to the Helen Ross McNabb Center in Knoxville to serve 16-25 year olds. Additionally, the Tennessee Mental Health Consumers Association (TMHCA) began providing IPS Supported Employment services in eight middle-eastern counties.

Furthermore, with the growth of IPS sites and services expanding across the state, the TDMHSAS has allotted funding for a third Statewide IPS Trainer to provide training and technical assistance to Community Mental Health Providers and Vocational Rehabilitation staff. In total, thirteen Community Mental Health Providers were able to provide IPS Supported Employment services. In FY 2018, 956 individuals were served by IPS. Of those served, 26% were employed 90 days or more, and 46% were employed for at least one day of competitive, integrated employment.

Peer Wellness Initiative

The *My Health, My Choice, My Life* Peer Wellness Initiative is a peer-led health and wellness program made up of five Peer Wellness Coaches and a Statewide Peer Wellness Coach and Trainer. The Peer Wellness Coaches facilitate evidence-based health and wellness programs within Community Mental Health Providers throughout the state, and provide one-on-one peer wellness coaching.

In FY 2018, the *My Health, My Choice, My Life* Peer Wellness Team hosted a wellness fair at the CPRS Conference in Manchester, Tennessee, helped organized the Art for Awareness event in Nashville during Mental Health Day on the Hill, and were once again invited to participate in the Alternatives Conference which was held in Boston Massachusetts. The Peer Wellness Coaches trained others in the Chronic Pain Self-Management Program (CPSMP), Chronic Disease Self-Management Program (CDSMP), and Diabetes Self-Management Program (DSMP); all of which are evidence-based practices certified through the Self-Management Resource Center. Additionally, in an effort to help combat the opioid crisis in Tennessee, two of the Peer Wellness Coaches facilitated the first ever CPSMP training for participants to become leaders of the programs. Through one-on-one peer wellness coaching, and health and wellness workshops such as the CDSMP, CPSMP, DSMP, Tobacco-Free and Well Body programs, 723 individuals were served.

The *My Health, My Choice, My Life* Peer Wellness team also attended the 2018 Championship Games in Knoxville, Tennessee. Each year, Tennessee's Peer Wellness Coaches organize regional Championship Games for Peer Support Centers and psychosocial rehabilitation center participants. The games are held at community parks, and include activities that range from relay races to a dance contest. Each center creates a banner to represent their team and awards are given for the most team spirit. The Championship Games are a great way to inspire healthy movement and fellowship in recovery.

The Office of Children, Young Adults, and Families (OCYAF)

The Office of Children, Young Adults, and Families (OCYAF) oversees a variety of children and youth programs including school-based liaisons, transition age youth, System of Care (SOC), anti-stigma, violence and bullying prevention, respite, faith-based mental health, prevention, and early intervention. These programs are financed through multiple funding sources such as state funds and federal discretionary grants.

The Council on Children's Mental Health (CCMH), codified in T.C.A. 37-3-110-115, was established by the General Assembly in 2008 as a Tennessee Commission on Children and Youth (TCCY) and TDMHSAS partnership, administratively attached to the Commission on Children and Youth. The Council functions as a statewide community of partners and stakeholders invested in furthering children's mental health care in Tennessee. Since the beginning, the Council has been very productive in working towards its mission of creating a statewide system

of care to address children's mental health needs. TDMHSAS, with support of the Council, has a strong history of leveraging various resources to further this critical mission, including obtaining important system-building grants from SAMHSA.

Currently, the Council supports the System of Care Across Tennessee (SOCAT) initiative, a federally funded grant to move forward the principles of a System of Care (SOC) statewide by 2020. SOC grants, including the SOCAT initiative, have created a strong foundation for furthering children's mental health care, built a passionate and active partnership of the statewide community of stakeholders, families and children, and emphasized a dedication to continue further expansion and implementation. This focused partnership in grant collaboration and execution have established Tennessee as a nationwide leader in promoting children's mental health care as a top priority and the establishment and the continued presence of the Council underscores the commitment to advancing this work beyond federal support.

Early Childhood Initiatives

The Regional Intervention Program (RIP) is funded by TDMHSAS. It is a parent-implemented, professionally supported program for families with young children experiencing challenging behaviors in Tennessee. Successful completion of RIP enables parents to manage their child's behavior so that early appearing behavior problems are less likely to put the child at risk of aggression and delinquency in adolescence. In FY 2018, 333 target children and 72 siblings from 298 families were served by the program. In addition to children served, an estimated 390 parents were provided support and education in managing their child's behavior with graduating families attaining specified treatment objectives regarding their child's behavior problems. During FY 2018, RIP renewed the revenue contract with Chula Vista Elementary School District (CVESD) in California – and CVESD was recognized as a RIP Certified Site by the RIP Advisory Committee. Additionally, RIP entered into a revenue contract with St. Luke's Community Hospital in Cedar Rapids, Iowa, already a RIP Certified Site, to provide technical assistance and training as needed to maintain certification. Both of these efforts expand RIP replication sites beyond Tennessee, raising the profile of this award-winning program, unique to TDMHSAS.

System of Care Across Tennessee (SOCAT)

In October 2016, the Department received a \$12 million federal discretionary grant from SAMHSA to expand and sustain SOC work within the state. Over the last seventeen years, TDMHSAS has received five SOC Demonstration grants and one SOC Expansion and Sustainability grant. SOCAT is the second expansion grant TDMHSAS has received, and it builds on the lessons learned as well as implementation science to guide the expansion and sustainability of efforts that have been going on in Tennessee since 1999.

The SOCAT team consists of a collaboration of many partners throughout the state (e.g. Tennessee Commission on Children and Youth, Department of Health, Department of Children's Services, Administrative Office of the Courts, Department of Education, Bureau of TennCare, local service providers and agencies, family-run organizations, and advocacy groups) who help to guide the process and implementation of this large endeavor. This level of collaboration ensures that SOCAT focuses on the entire family's success, and not just the designated client.

A primary partner of SOCAT is the Tennessee Commission on Children and Youth (TCCY). TCCY, through the Council on Children's Mental Health (CCMH), has hired three Divisional Coordinators for the state in order to assist SOCAT in identifying resources and developing a community base. In addition to these positions, the CCMH Director and SOCAT Director work closely on the creation, implementation, and financing of a governance structure to ensure long-term sustainability. Through this collaboration, SOCAT has begun providing services through contractual partnerships with seven Community Mental Health Centers (CMHC) located in 11 counties. The intent is that all 95 counties in Tennessee will have access to SOCAT services.

In addition to local services, SOCAT is tasked with developing local interagency planning teams in all 95 counties to ensure that young children/children/youth/young adults and their families have the opportunity to access the services and supports that they need. The interagency teams will provide a forum for local service providers, advocates, state agencies, and child-serving agencies to come together to assess the needs of their local communities, and address how they can work together to ensure that their families have what they need to be

successful.

The OCYAF and SOCAT continue to oversee the Certified Family Support Specialist (CFSS) certification program which seeks to certify parents and caregivers of children and youth with a mental, emotional, behavioral, and/or co-occurring disorder as Family Support Specialists (FSSs). The program is responsible for certifying those qualifying individuals to become FSSs to provide family support, advocacy, and system navigation to other families involved in the various child-serving systems. Employed CFSSs are eligible to bill Medicaid for services, and are an important part of the service array for children, youth, and families.

Young Adult Initiatives – First Episode Psychosis Initiative (FEPI)

Tennessee's First Episode Psychosis Initiative (FEPI) is funded through an appropriation in which Congress allocated additional funds to SAMHSA to support "evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders." The program, titled OnTrackTN and modeled after OnTrackNY, serves youth and young adults between the ages of 15-30, who are experiencing psychotic symptoms such as hallucinations, unusual thoughts or beliefs, or disorganized thinking, with symptoms present for more than a week, but less than 24 months. In FY 2018, Tennessee supported three OnTrackTN programs across the state, including Carey Counseling Center, Inc. in seven counties in Northwest Tennessee; Alliance Healthcare Services, Inc. in Shelby county; and Mental Health Cooperative in Davidson County. During this fiscal year, 100 youth and young adults were served through this initiative.

Tennessee Healthy Transitions Initiative (HT)

The Tennessee Healthy Transitions Initiative (HT) is a five-year \$5 million discretionary grant awarded to the TDMHSAS by SAMHSA in September 2014. The purpose of HT is to assist Tennessee youth and young adults with or at risk of developing a serious mental health condition and/or co-occurring disorder by improving their health and wellness, leading self-directed lives and reaching their full potential. This goal is accomplished through providing coordinated public awareness, outreach and engagement, and access to treatment and resiliency and recovery support services to youth and young adults ages 16-25 with or at risk of serious mental health conditions or co-occurring disorders in two targeted communities. HT provides targeted and innovative awareness, outreach, and specialized treatment and recovery support services to the following prioritized populations of youth and young adults ages 16-25: those in contact with the criminal justice system; those aging out of foster care through child welfare; those who are homeless or at risk of homelessness; and those who identify as being Lesbian, Gay, Bisexual, Transgender, Questioning, or Intersex (LGBTQI).

The Statewide Young Adult Leadership Council (YALC) was developed through HT and consists of youth and young adults who have lived experience with mental health conditions, substance abuse, and/or involvement with child and adult systems (e.g. juvenile/criminal justice, child welfare, etc.). The YALC provides input and feedback on various State initiatives, develops public awareness campaigns, and works to improve systems and services that affect youth and young adults. With input from the YALC, the Office of Children, Young Adults, and Families (OCYAF) collaborated with Youth Era to develop a training curriculum for a Young Adult designation of the Certified Peer Support Specialist (CPSS) program, a specialized training and certification program tailored to meet the unique needs of youth and young adults. During FY 2018, HT hosted trainings and received consultation on the Transition to Independence Process (TIP) Model, and in order to support sustainability of behavioral health services that are driven by and that meet the unique needs of youth and young adults, multiple TDMHSAS and HT staff began training to become TIP site-based trainers.

Office of Older Adult Services

The Office of Older Adults is presently monitoring and supervising four contracts with Community Mental Health Centers (CMHCs) in four different regions of the state. The contracts serve individuals over age 50 who need care management and are private pay or Medicare. Each agency is licensed to serve a minimum of 34 unduplicated individuals. However, growth in the Older Adult population has increased the population served in three of the four agencies to an average of 60 - 70 individuals per quarter with one agency serving 100 individuals last quarter. In addition, Frontier Mental Health Center recently expanded the counties it serves from one to eight. In total, at

least 301 individuals received services during fiscal year 2018.

The Older Adult staff also work with TennCare Long Term Care Offices to review and approve federally mandated Preadmission Screening and Resident Review (PASRR) evaluations for individuals with mental health needs who are proposed for admission to nursing facilities. These evaluations include Level of Care and Specialized Services recommendations based on the state's revised interpretation of guidelines. In FY 2018, 5,614 PASRR evaluations were reviewed and approved by Older Adult Services.

Staff members also actively participate in various interdepartmental functions including chairing the Commission on Aging Audit Committee, operating as the Department's liaison with TEMA, and serving on the Nursing Home Closure and Advanced Directive committees. Older Adult staff members have written and supervised a Crisis Counseling Grant for the survivors of the Tennessee Wildfires which was a federally declared disaster. The grant closed in February of 2018 with approximately 7,250 face-to-face individual counseling contacts made through FEMA and SAMHSA programs in conjunction with Helen Ross McNabb Centers.

Tennessee Move Initiative (TMI)

In FY 2018, the Tennessee Move Initiative (TMI) entered its second year of implementation in Tennessee with the primary purpose of successfully transitioning identified individuals from long-term facilities to community-based housing. Individuals served are those residing for more than 90 days and/or individuals who have had multiple points of entry within a 90-120 day period within the TDMHSAS Regional Mental Health Institutes (RMHIs).

The goals of TMI include: decreasing prolonged hospitalizations and repeated readmissions that impose negative implications on an individual's quality of life, including their path to recovery; delivering recovery-focused, intensive, and customized care coordination services which support identified individuals in the least restrictive and most integrated setting appropriate to individual need; ensuring a continuity of care which leads to sustained hope, personal empowerment, respect, social connectedness, and self-responsibility relative to the individuals served; and ensuring that providing services are centered on the individual, sensitive to the family, culturally and linguistically competent, and founded in community resources.

Four TMI teams at three Community Mental Health Agencies (CMHAs) provide recovery-focused, intensive, and customized care coordination services to identified individuals in long-term units. Each partner agency has developed and implemented recovery-oriented programming to ensure individual, family, and housing provider supports while connecting and coordinating with natural and formal supports within the individual's home community. In FY 2018, there were a total of 63 individuals served in the community by the TMI program.

Pre-Arrest Diversion Infrastructure Project (PADIP)

In FY 2018, \$15 Million in non-recurring funds were appropriated to the TDMHSAS to support the Pre-Arrest Diversion Infrastructure Project (PADIP). The PADIP aims to support infrastructure development that will support efforts to: divert individuals with behavioral health needs away from jail and to appropriate community-based treatment; enhance public safety by implementing effective strategies local communities can use regarding serving those in psychiatric crisis; alleviate jail overcrowding; and reduce costs related to prosecution and incarceration. There were seven (7) communities across the state funded to support this effort including the following counties: Shelby, Madison, Davidson, Putnam, Hamilton, Knox, and Hamblen. Each community committed to investing a minimum of 25% cash to match the State funds. During FY 2018, there were over 1,800 individuals diverted from jails as a direct result of the PADIP. Individuals served by PADIP include persons struggling with behavioral health needs, such as mental illness, substance use, or co-occurring disorders, and individuals who are at risk for incarceration and/or have committed low-level offenses. Over 3,000 law enforcement professionals received training as a result of this project. In just one year, the grantees contributed over \$1.7 Million in local cash matching funds and the grantees reported an estimated cost savings to the local criminal justice system, based on the total diverted, to be nearly \$3 million. The communities implementing PADIP were approved to carry forward unspent funds and continue their projects through FY 2019.

DIVISION OF SUBSTANCE ABUSE SERVICES (DSAS)

The Division of Substance Abuse Services was awarded the following four discretionary grants in FY 2018:

1) Frontline for Recovery Grant

SAMHSA awarded TDMHSAS \$975,000 over three years to enhance the treatment and recovery support capacity for three Tennessee Recovery Court programs: Davidson County Drug Court, Shelby County Drug Court, and Shelby County Veterans' Court. This grant will equip the courts to provide the timeliest, most effective, and best coordinated treatment services in their respective communities to meet the needs of the highest risk and highest need participants enrolled in their court programs.

2) Tennessee Veterans Treatment Court Initiative

The Bureau of Justice Assistance awarded TDMHSAS its second Adult Drug Court Discretionary Grant. The Tennessee Veterans Treatment Court Initiative will continue to support five veteran treatment courts to reduce the use of jail and prison beds and other correctional services by non-violent veterans with chemical dependence and/or mental health disorders by diverting them to rehabilitative programs. The grant is \$1,500,000 over three years.

3) Cherished H.E.A.R.T.S.

In 2016, Cherished H.E.A.R.T.S. (Healing Enslaved and Repressed Trafficking Survivors) Human Trafficking Intervention Court was created in Tennessee in response to a social issue where victims of human trafficking were caught in a criminal cycle due to their traumatic experiences, criminal records and, for some, substance abuse disorder. TDMHSAS applied and received a Bureau of Justice Assistance Smart Prosecution Initiative grant to support the Cherished H.E.A.R.T.S. program. Smart Prosecution seeks to encourage exploration of new solutions to public safety concerns as well as internal operations and organizational structure, while employing research partners at the problem definition stage through assessment of strategies and solutions. TDMHSAS' project seeks to increase the availability of evidence based co-occurring treatment and trauma services for victims of human trafficking in the criminal justice system as well as increase access for investigation and prosecution of human traffickers. The target population is adult female offenders who are identified as victims of sex trafficking and who volunteer to participate in a human trafficking court program. The award amount was \$487,470 over three years.

4) TN Comprehensive Opioid Response Strategies

In response to the Comprehensive Addiction and Recovery Act (CARA), the Bureau of Justice Assistance developed the Comprehensive Opioid Abuse Site-based Program (COAP). TDMHSAS was awarded \$850,000 over five years to develop and implement a statewide strategic plan to improve public safety and behavioral health outcomes for individuals involved in the criminal justice system with a diagnosis of opioid use disorder.

TN Opioid State Targeted Response (STR) Grant

In FY 2017, TDMHSAS was awarded \$13.8 million to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths. In Year 1 of the grant, Tennessee was one of three states to expend its grant funds. Listed below are the outcomes for Year 1:

- Hired 17 Regional Overdose Prevention Specialists (ROPS)
- Hosted 784 training sessions on overdose prevention
- Purchased 8,916 units of naloxone for distribution to lay people and individuals leaving treatment or deemed high risk of overdose
 - *Through June 2018: 117 lives saved*
- Media Campaign: 13,713,000 television impressions through April 30
- Implemented Opioid Overdose Rapid Response System & Team

- More than 4,200 individuals received Treatment and Recovery support services

TDMHSAS was also awarded a \$1 million grant from Office of Criminal Justice Services to purchase naloxone for law enforcement. Through this grant, 9,528 units of naloxone was purchased for law enforcement, and by the end of May 2018, 670 lives were saved.

Prescription for Success

The epidemic abuse of prescription drugs, specifically opioids, has produced disastrous and severe consequences to Tennesseans of every age. Opioid dependence can lead to deaths from overdose, increased emergency department visits, and Neonatal Abstinence Syndrome (NAS). In 2012, the Prescription for Success initiative was announced by the Governor Bill Haslam. In collaboration with other state agencies, TDMHSAS led the way in an effort to reduce the number of individuals who become addicted to prescription medications. Aspects of the initiative included decreasing the number of Tennesseans that abuse controlled substances; decreasing the number of Tennesseans who overdose on controlled substances; decreasing the amount of controlled substances dispensed in Tennessee; increasing access to drug disposal outlets in Tennessee; and increasing access and quality of early intervention, treatment, and recovery services.

As of June 2018, the accomplishments for this initiative are:

- The number of permanent prescription drug collection boxes has increased from 230 to 304
- Funding to expand Oxford Houses has increased housing availability by 71 sober-living homes with almost 505 beds
- Established 330 recovery meetings and referred more than 1,600 people to treatment
- Certified 220 faith-based Recovery Congregations/Organizations
- Provided over 700 Recovery trainings

Prevention and Early Intervention Services

Substance Abuse Prevention Coalitions (SAPCs) continue to work to reduce underage alcohol use, underage tobacco use, and prescription drug use in their communities through environmental and community based strategies. The SAPCs continue to collaborate with the Tennessee Department of Environment and Conservation (TDEC) to help place at least one permanent drug collection box in all 95 counties. As a result, the number of permanent drug collection boxes across Tennessee has increased from 36 in 2012 to 304 in 2018.

The Synar Amendment to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act requires states to have laws prohibiting the sale and distribution of tobacco products to minors. TDMHSAS has an interdepartmental agreement with the Department of Agriculture to conduct tobacco compliance checks in establishments that sell tobacco products and are accessible to minors. Tennessee is required to have a tobacco retailer violation rate (RVR) of 20 percent or below. In the 2018 Annual Synar Report, TDMHSAS reported that Tennessee had an estimated RVR for FY 2017 of 6.5%, which is the lowest it has ever been.

Treatment and Recovery Support Services

TDMHSAS received \$6 million in recurring funds to build a Substance Abuse Safety Net to expand substance abuse treatment and recovery services to individuals below 133% poverty level. Those services included:

- **Adult Continuum of Care**
Treatment for adults with a primary or secondary alcohol or other drug abuse or dependency diagnosis or co-occurring substance use and psychiatric diagnosis. Services include: assessment, detoxification, residential, intensive outpatient, and outpatient treatment.
- **Pregnant Women Services**
Residential treatment for women who are either pregnant or three months post-partum.

- **Healthy Mother, Healthy Family**
Engages pregnant and post-partum women and their families through educational groups, individual, couple and family counseling, and links each mother and/or her family members to needed services as required.
- **Medically Managed Inpatient Withdrawal Management**
24-hour medically directed observation, evaluation, monitoring, and withdrawal management in an acute care inpatient setting.
- **Addiction Recovery Program**
Expands transitional housing for service recipients who are recovering from life impairments because of substance use disorder(s) only or co-occurring disorders.
- **Adolescent Residential**
Designed to restore the severely dysfunctional alcohol and/or drug dependent person to levels of functioning appropriate to the service recipient. Services include an assessment, individual therapy, group therapy, family therapy, or any combination of such counseling services.

Furthermore, women who are parents and are also struggling with substance abuse disorders may face additional barriers to treatment. One crucial barrier is the availability of safe, substance-free, supportive living environments. Through Oxford House International, TDMHSAS offers sober-living for individuals in recovery. In FY 2018, six sober-living homes for women and children were added to help promote and support the relationship between a parent and child in recovery.

Criminal Justice

THMHSAS continues to work diligently with Tennessee's criminal justice system to expand its programs for offenders with substance use and mental health disorders. Recovery Courts serve individuals with substance abuse, mental health, and co-occurring disorders. The focus is on positive aspects of recovery which allows for better coordination of care. In FY 2018, 1,738 unique participants were admitted into a recovery court program with 970 successfully completing the program, which, depending on the recovery court, can range in duration from 6 months to 2 years.

In October 2017, DSAS implemented the Tennessee Risk Assessment System (TN-RAS) within the adult recovery court programs. The TN-RAS is a screening/ assessment tool that separates offenders into risk groups based on their likelihood to recidivate; identifies dynamic risk factors that can be used to prioritize programmatic needs; and identifies potential barriers and need for treatment. Offenders are administered the TN-RAS during the screening process for entering into a recovery court program. The desired outcome is to ensure that the recovery court programs are targeting the high risk, high need criminal justice population. In FY 2018, the TN-RAS was administered to 1,225 individuals in the criminal justice system.

DIVISION OF HOSPITAL SERVICES (DHS)

In FY 2018, the DHS continued its efforts toward the Customer Focused Government goal of efficient and effective operation of the Regional Mental Health Institutes (RMHIs). There are four RMHIs located across the state of Tennessee:

RMHI	LOCATION	BEDS	FY2018 ADMISSIONS
Memphis Mental Health Institute (MMHI)	951 Court Avenue Memphis, TN 38013 (901) 577-1800	55	1,436
Middle Tennessee Mental Health Institute (MTMHI)	221 Stewarts Ferry Pike Nashville, TN 37214 (615) 902-7400	207	3,054

Moccasin Bend Mental Health Institute (MBMHI)	100 Moccasin Bend Road Chattanooga, TN 37405 (423) 256-2271	165	3,043
Western Mental Health Institute (WMHI)	11100 Old Highway 64 West Bolivar, TN 38008 (731) 228-2000	150	762

Electronic Clinical Records (ECR) and Automated Medication Dispensing Cabinets (AMDC) were deployed and implemented at two of four of the RMHIs during FY 2018. The two remaining sites are expected to go live by the end of calendar year 2018. Once implemented, phase two of the project will ensure all four RMHIs implement treatment planning into the ECR and overall optimization of the system will continue. The DHS also purchased and implemented an electronic timekeeping and nurse scheduling system with KRONOS which was piloted at Middle Tennessee Mental Health Institute (MTMHI) in March 2017. This workforce timekeeping and scheduling system with biometric features was fully implemented at all four RMHIs during FY 2018.

In an effort to return individuals residing in a RMHI for long periods of time to the community, the DHS in collaboration with Tennessee's Managed Care Organizations, has focused intensively on discharging individuals to the level of care appropriate to meet the needs of each individual. During the fiscal year, there were 323 subacute discharges across all four facilities. Many of these individuals spent many years within the walls of the state facility and are now successfully living in the community.

In September 2017, MTMHI had an unannounced survey conducted by the Joint Commission and in May 2018, Memphis Mental Health Institute was also surveyed. Though the Joint Commission has become more stringent in their auditing processes, MTMHI and MMHI both successfully maintained accreditation.

In collaboration with St. Thomas – Rutherford Medical Center and Volunteer Behavioral Health crisis services, MTMHI has participated in a tele-connect pilot project aimed at reducing unnecessary transports from high volume, long distance emergency departments. The pilot involves emergency department (ED) personnel supporting an individual needing psychiatric inpatient admission in the emergency department while a video interface is established in order for the RMHI admitting physician to determine whether the person will meet emergency involuntary commitment criteria. Individuals not meeting criteria for admission are then discharged from the emergency department and avoid the two hour round trip ride to the hospital with law enforcement that would have resulted in a non-admit decision. The pilot will run through August 2018.

Additionally, in collaboration with the Department of Labor and Workforce Development, the DHS began exploring the potential for a partnership that would result in development of interested state employees into nurses. Recruiting and retaining Registered Nurses and Licensed Practical Nurses, as well as Psychiatrists, at the state facilities are one of the biggest challenges our system faces. Despite multiple efforts to attract these professionals into the state hospitals' workforce, we continue to be short staffed in these areas. This program would allow any interested currently employed individual to advance their career with flexible work hours and financial assistance. Anyone completing the program would be expected to work for the facility for a minimum of two years or be subject to repaying any financial assistance obtained during the process.

The private psychiatric inpatient hospitals in East TN contracted with TDMHSAS to provide services to the uninsured as a result of closing Lakeshore Mental Health Institute in 2012 (Parkwest, Mountain States Health Alliance (now Ballad Health), and Ridgeview Psychiatric Hospital and Outpatient Center, Inc.) provided 3,502 (duplicated) units of service for uninsured individuals during FY 2018.

THE OFFICE OF FORENSICS AND JUVENILE COURT SERVICES (OFJCS)

The OFJCS administers the system for court-ordered evaluations to determine competency to stand trial and mental capacity at the time of the offense, juvenile court-ordered evaluations, treatment for adults to establish competency, commitment for individuals found not guilty by reason of insanity (NGRI), psychiatric evaluations for the Board of Paroles, and Mandatory Outpatient Treatment (MOT). In FY 2018, there were 2,005 initial outpatient evaluations which diverted 76% of individuals from the need for an inpatient evaluation. There were 512 inpatient evaluations and 92 new commitments for inpatient treatment of incompetent defendants. There were

325 evaluations conducted by order of juvenile courts and 139 psychiatric evaluations of parole-eligible inmates conducted for the Board of Parole.

The MOT coordinator maintained a database of existing client status throughout the year, tracking over 300 active MOT cases receiving services from 39 separate community agencies. The coordinator notified each provider of any MOT cases due for review each month, and tracked all cases involving notification of non-compliance to the court. As in previous years, the MOT manual was distributed to providers during trainings conducted in the field and posted on the TDMHSAS website.

Over 9,600 juvenile court screenings have been conducted in the Tennessee Integrated Court Screening and Referral Project since the beginning of the Project in October 2010 resulting in over 5,000 referrals for mental health, substance abuse, and/or family services. The juvenile court screening instrument was revised and updated during FY 2018 and training opportunities were expanded to support juvenile courts implementing evidence-based interventions in accordance with the Juvenile Justice Reform Act of 2018 (Public Chapter 1052).

DIVISION OF GENERAL COUNSEL (DGC)

The DGC is responsible for providing legal services, investigating internal complaints of abuse and employee grievances, processing all contracts and amendments, and serving as privacy, ethics, and compliance counsel. In the past fiscal year, the Office of Legal Services engaged in over 11,250 court actions, primarily commitment proceedings, 61 disciplinary appeals, and other miscellaneous legal actions and projects. The Office of Investigations conducted over 138 investigations. The Office of Contracts processed 1,329 contracts and amendments. The Office of Special Counsel updated the Department's internal policies and procedures related to HIPAA compliance, including 20 revised policies and three new policies related to privacy, security, and general administration of the Department's HIPAA policies, and developed a new training for newly hired staff in the Central Office related to ethics and privacy compliance. Additionally, the DGC also produced the annual compliance report and oversaw ethics and privacy compliance.

DIVISION OF CLINICAL LEADERSHIP (DCL)

The DCL is responsible for providing clinical oversight and policy development for the RMHIs and clinical consultation to various divisions within the Department. DCL oversees Tennessee's Opioid Treatment Programs (OTPs); coordinates training and support for suicide prevention initiatives in the African American faith communities; Title VI compliance for the Department; and provides training in collaboration with the Division of Substance Abuse Services (DSAS). DCL also pilots substance abuse initiatives designed to benefit either individuals and/or families.

In FY 2018, DCL received Federal approval to complete program and evaluation services for the Therapeutic Intervention, Education, & Skills (TIES) grant project. In addition, the project would prepare dissemination materials including a final report, program manual, and video. The project proposed to serve 300 unique families over a five-year period and completed services to 305 unique families during the first quarter of FY 2018. Included in the families served were 516 adults and 627 children. The project further aimed to keep families together safely and reduce recurrent maltreatment when parents had substance use issues. At 12 months post services, 89% of the focal children remained in their homes and 90% had no additional substantiated abuse allegations. Project funding was provided by the Administration for Children and Families (ACF). TIES was a partnership among TDMHSAS; the Tennessee Department of Children's Services (TDCS); the Tennessee Department of Finance and Administration (TDF&A), Division of TennCare; the Tennessee Department of Health (TDH); the Tennessee Department of Human Services (TDHS); the Tennessee Department of Education (TDE); the Tennessee Administrative Office of the Courts (TAOC); and Centerstone of Tennessee, Inc.'s program and research/evaluation divisions.

The fiscal year also delivered a new grant for the department through DCL. Targeted Efficacy and Capacity Building in Opioid Treatment-TN (TECBOT-TN) was awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to help close the gap in access and delivery of evidence-based, medication-assisted treatment (MAT) services for persons with opioid use disorders (OUDs). TECBOT-TN will provide MAT services to

approximately 660 underserved adults (i.e., underinsured or without insurance) with OUD in the Tennessee counties of Davidson, Hardin, Lewis, Shelby, Sullivan, and Washington over a three-year-period. The project plans to serve about 220 patients each year. TECBOT-TN incorporates a multifaceted MAT approach to treating opioid addiction. It offers a person-centered, accessible, effective, comprehensive, coordinated/integrated, culturally competent, evidence-based MAT service model that blends education (including opioid overdose prevention), psychosocial, medical (including tobacco cessation and screening for infectious diseases), family planning/prenatal care, and recovery supports for adults with moderate to severe OUD. Treatment providers include three substance use treatment facilities and an opioid treatment center (methadone clinic). Due to the competitiveness of the grant opportunity, a research component was included and will be coordinated by the evaluation services provider.

The TDMHSAS Institutional Review Board (IRB) continues to operate regularly and in compliance with its Federal Wide Assurance (FWA) under the leadership of the chairperson, co-chairperson, and administrator from DCL. FY 2018, however, brought about a change in chairperson. Terry Holmes, MD, MPH, & TM, became the Department's Chief Medical Officer (CMO) and hence IRB chair. All TDMHSAS-IRB membership positions are appropriately filled and recorded with the Federal Office of Human Research Protections (OHRP). Presently there are nine active studies. The IRB's Federal registration is valid through October 22, 2021.

DCL's applications for three Regional Mental Health institutes (RMHIs) to become Health Professional Shortage Area (HPSA) facilities were approved during FY 2018. (DCL collaborated with the Department's Division of Hospital Services [DHS] and TDH to submit the applications.) The newly designated HPSA facilities are Middle Tennessee Mental Health Institute (MTMHI), Moccasin Bend Mental Health Institute (MBMHI), and Western Mental Health Institute (WMHI). As a result of these facility designations, nursing staff at these facilities can apply for loan repayment through the Health Resources & Services Administration's (HRSA's) Nurse Corps Loan Repayment Program (NCLRP). DHS can also mention these facility designations in recruitment. HPSA designations for mental health catchment areas across the state remain valid at this time. New data collection for those designations should be completed by January 2020.

In addition to developing and submitting the Department's annual Title VI Compliance Report and Implementation plan, DCL in collaboration with DSAS staff, trained two hundred and seventy (270) contract agencies' Title VI coordinators and a number of their other staff during the Title VI training via WebEX.

In FY 2018, the Chief Pharmacist served as a member of the Executive Committee for the Electronic Clinical Record (ECR) project, consulted on related legislative proposals, participated in the chronic pain guideline committee meetings, served as co-chair for the Tennessee buprenorphine treatment guidelines, and as part of his duties as the state opioid treatment authority, continues to develop and improve the new opioid treatment program central registry with enhanced outcome reporting capabilities. The Chief Pharmacist also continues to maintain the managed care residency program that offers advanced clinical training to recently-graduated pharmacists in area of managed care, health policy, and mental health and substance abuse disorders. In addition to the residency program, the Chief Pharmacist serves as a preceptor for 3rd and 4th year pharmacy students from the University of Tennessee and Belmont colleges of pharmacy.

DCL continues to expand the faith community initiatives by providing training, conferences, resource materials, and exhibits on suicide prevention, mental health, and bullying. Initiatives in Tennessee are currently being implemented in Nashville, Memphis, Clarksville, Murfreesboro, and Manchester. DCL staff coordinated and facilitated the Suicide Prevention Conference that focused on Adverse Childhood Experiences (ACEs) in Manchester, TN during FY 2018. The conference included expert presenters from the state and local community.

DCL assisted with KHROME (Kids Helping Rutherford County and Others Morph into Excellence). KHROME is a youth-led organization devoted to improving services and systems that support growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare in Rutherford County and surrounding areas in Middle Tennessee. KHROME members participated in a number of events in the Rutherford County area sharing information on suicide prevention and bullying. These activities included speaking at different events, performing skits, manning exhibits, and serving veterans at the Veterans Appreciation Event. Members also put food care packages together that

included suicide prevention and bullying resource materials, and delivered them to veterans and other members of the community.

In FY 2018, a new Chief Medical Officer (CMO) was appointed to replace Dr. Howard Burley and assumed increased responsibility for oversight of psychiatric health care delivery at the three private contract hospitals. In order to decrease patient length of stay (LOS), opportunities for improvement in treatment are offered at the time of request for increased LOS and rationale for increased LOS has been critically reviewed on a near-daily basis. The hospitals have been very amenable to suggestions tendered, and the improved communication has resulted in substantial taxpayer savings while also allowing contract hospitals to stay within budget forecasts.

Additionally, LOS requests have been directed to the CMO for central point management in order to streamline the process. As a result, the total number of LOS requests has decreased substantially. A process for consultation between the three contract hospitals and their referral RMHI has been developed which has encouraged communication among doctors and enhanced patient care.

The CMO has consulted with the Assistant Superintendent Quality Management Team (ASQMs) at the four RMHIs, and with their advice and consent, has reorganized and refocused the quarterly Quality Committee on a Regional Mental Health Institute-centric (RMHI) format. The consensus was that each topic on the agenda would be discussed by the individual RMHIs. An emphasis on Best Practices is now a focus of the meeting, and presentation of at least one clinical audit by each RMHI is now a standard agenda item. Monitoring and evaluation of clinical issues will be at the forefront going forward.

The DCL has also seen accomplishments with community support, coordination with the Division of Substance Abuse Services (DSAS), and clinical protocol development. The CMO has delivered three presentations since assuming the role in FY 2018. The CMO participated in a review of outpatient applications for Medication-Assisted Treatment (MAT) upon request which served to improve understanding of operations within DSAS. The CMO has also promulgated mental health protocols in the context of treatment of psychiatric patients in the Emergency Department (ED) which began near the close of FY 2018. This project has been sponsored and coordinated between the Tennessee Hospital Association (THA) and TDMHSAS. Reports of efficacy and safety have been uniformly favorable, and we are hopeful this initiative will continue to gain momentum.

DIVISION OF PLANNING, POLICY, AND LEGISLATION (DPPL)

The DPPL is comprised of two offices: the Office of Planning and the Office of Legislation and Rules. The Office of Planning produces the Department's Three-Year Plan, administers the Statewide and Regional Planning and Policy Council system, coordinates appointments to the Planning Councils and the RMHI Boards of Trustees, and develops and submits the Mental Health Block Grant, the SAMHSA Annual Report, and the Joint Annual Report for the Governor and the Legislature. In 2018, the Office of Planning empowered the Councils to fulfill their roles as required by law, and become more active and effective by increasing membership, specifically among consumers and family members, and encouraging more purpose-driven meetings. Councils were also encouraged to become more involved in the Legislative Proposal process, and submitted a total of six proposals for review. In addition, Planning staff engaged in special projects including updating the Regional Planning and Policy Councils' Operational Guidelines, consulting with other Divisions, providing technical assistance to Statewide and Regional Councils, providing trainings to new Statewide Council members, and developing relationships with other state and federal agencies. The Office of Planning worked in conjunction with the Division of Mental Health Services and the Division of Substance Abuse Services, as well as other Department offices and divisions to facilitate the Substance Abuse and Mental Health Services Administration (SAMHSA) Joint Block Grant Monitoring Visit in March of 2018. In collaboration with the Office of Research, the Office of Planning continued the ongoing process of increasing the use of data to inform decision making and ensure an educated Needs Assessment process through the creation of the Fast Facts Portal which is now available for the Councils to use in the Needs Assessment process moving forward.

The Office of Legislation and Rules tracked 274 bills during the 2018 legislative session. The Department had one administration bill regarding an update of Tennessee's controlled substances schedules that was incorporated into one of the Governor's Office's bills regarding the Governor's Opioid Initiative, TN Together. The Office assisted

with this bill's successful passage and supported other legislative efforts with the TN Together Initiative. The Office of Legislation and Rules also produced the annual legislative summary for the 2018 Legislative Session. The Office gave counsel to the Department regarding proposed, potential, and pending rulemaking activity. The Office worked in conjunction with the Division of Clinical Leadership, as well as other department offices and division, to coordinate the initial adoption of the Tennessee Nonresidential Buprenorphine Treatment Guidelines and convened a group of stakeholders to give recommendations on the Guidelines to the Commissioners of Health and Mental Health and Substance Abuse Services. These Guidelines were adopted on December 21, 2017.

OFFICE OF RESEARCH

A key function of the Office of Research is to make information about substance use and mental health available to stakeholders and policy makers. During FY 2018, as part of Governor Haslam's Transparent Tennessee initiative to make data more readily available to the public, the Office of Research developed a variety of interactive dashboards containing county-level information about substance abuse services, mental health services, psychiatric hospital services, recovery courts, recovery congregations, and licenses service sites. The dashboards can be readily viewed at: <https://www.tn.gov/behavioral-health/research/tmhhsas-fast-facts-test-3.html>. Regional Planning and Policy Councils use this information to inform the Department's Needs Assessment. Substance abuse prevention coalitions and members of the public can now readily access this information to understand trends in their county and identify available services.

The Research Team is responsible for compiling and reporting information about individuals receiving publicly funded mental health services as a condition of the Mental Health Block Grant. Information about population demographics, customer satisfaction and progress achieving national outcome measures is reported annually to the Substance Abuse and Mental Health Services Administration. The Research Team also prepares data briefs on a variety of subjects including the impact of services on customer satisfaction, employment, living situation, and other service outcomes. Additional information can be located on the Department website at <https://www.tn.gov/behavioral-health/article/data-briefs>.

The Research Team works with TDMHSAS divisions to analyze data needed to inform policy decisions. In collaboration with DSAS, the Research Team partnered with other departments to collect and report substance abuse data to policy makers through an interdepartmental State Epidemiological Outcomes Workgroup (SEOW) and an Opioid Task Force convened by Governor Haslam. The Research Team also tracked outcomes for the Prescription for Success Initiative. In collaboration with DMHS, the Research Team analyzed data to evaluate the implementation of coordinated services for children and youth enrolled in System of Care expansion sites and for young adults with a first episode of psychosis. The Research Team worked with the Housing and Homeless Program to measure increase in housing opportunities and dollars leveraged by the Creating Home Initiative (CHI). In collaboration with DHS, the Research Team conducted a multi-year analysis of admissions and discharge diagnoses of individuals in psychiatric hospitals operated by or under contract with the Department. More information can be located on the Department website at <https://www.tn.gov/behavioral-health/topic/Data-Research-and-Planning>.

OFFICE OF COMMUNICATIONS (OC)

The OC is responsible for ensuring that the Department's internal and external communication strategy aligns with the Governor's priorities. The Director serves as a liaison between the Department and the Governor's Communications Office. OC coordinates efforts in response to an Open Record Request on behalf of the Department to ensure that the Department remains in compliance with the requirements established by the "Tennessee Public Records Act" and generated timely news media/press releases.

FY 2017-2018 was a year of transition with a new director taking the reins in September 2017. With the new leadership came a renewed focus on the core of quality communications work and a search for new ways to tell the Department's story. Among the core communications efforts undertaken in FY 2018 was the re-launch of the Update newsletter, fully transitioning the Department's TN.gov site to the new Adobe Experience Manager (AEM) environment, and creating a new intranet site in the AEM environment.

The Department's quarterly Update newsletter was a reliable source of news, information, and connection to the TDMHSAS mission and vision for many years. In October 2016, production of the newsletter ceased, and this productive communication tool went silent. The new director put a priority on ensuring consistent, quality communications with key stakeholders, and as such, he put production of the Update at the top of the list. The OC revised the production style and schedule to make the Update into a monthly publication with more of a "blog-style" layout that's easier to consume. Release of the Update resumed in FY 2018 with a total of four issues distributed to the Department's state employees, state partners, and external stakeholders before June 30, 2018.

On the enterprise level, state government transitioned its website content management program into the Adobe Experience Manager (AEM) in FY 2018. This transition involved a significant amount of work in the OC as well as partnership with our partners at Strategic Technology Solutions (STS) in the Department of Finance and Administration. Not only did the director and deputy director of communication have to learn a new system for creating content, they were also responsible for ensuring that existing content was transferred successfully through quality control checks and through re-creating the content independently. While it was a challenge based on staffing, it was an obstacle that was overcome with significant hard work. Managing content on the TN.gov site continues to be a priority as the OC works to keep information up-to-date and relevant to the Department's priorities.

The new director of communication identified internal communications with the Department's more than 1,800 state employees as an additional priority and area for improvement upon taking the job. The new AEM environment provided an opportunity to transition the rarely updated and highly outdated TDMHSAS intranet site into the TeamTN.gov format. In addition to hosting traditional intranet information, the design of the new site allows the OC to publish news, notes, and updates exclusively to our state employee workforce with a goal of increasing organizational connectedness and fostering a team spirit. The majority of the work on the new intranet site was completed in the last fiscal year, and it was officially unveiled in July of 2018.

On top of the core communications efforts, the OC spent FY 2018 strategically and proactively communicating the Department's messages and the Governor's priorities. The highest-profile effort in that area is Tennessee Together. The OC is responsible for managing the TN Together media campaign which is a statewide effort to impact the state's opioid crisis through messaging, information, and inspiration. Using television, radio, print, digital, and social media outlets, the TN Together media campaign garnered more than 35 million impressions through the end of FY 2018. The campaign continues through the end of calendar year 2018.

In addition to executing the opioid awareness media campaign, TN Together was also the Governor's top priority during his final legislative session. Encompassing the three priorities of prevention, treatment, and law enforcement, TN Together was the comprehensive plan of legislation, executive action, and budgetary priorities to end the opioid crisis in Tennessee. The OC was responsible for coordinating communications efforts among multiple state departments involved in the effort and the Governor's communications office. This work included several public events including the initial announcement, the bill signing, a panel discussion with the Tennessee Press Association, and appearances on local media. Additionally, the OC produced videos and materials and created social media channels to communicate the TN Together message.

The TDMHSAS Facebook page increased its number of "likes" by more than 75% adding more than 1,000 new users who are interested in our messaging. Additionally, OC continued to publish website updates in response to departmental stakeholder needs. In FY 2018, more than 280,000 visits to the <https://www.TN.gov> site were recorded.

STATEWIDE & REGIONAL PLANNING AND POLICY COUNCILS

In FY 2018, the Statewide Planning and Policy Council expanded its membership to include a Young Adult representative and a Veteran representative. Recruiting for these positions started in May 2018, and both terms will begin on July 1, 2018. Currently, there are 53 members on the Statewide Planning and Policy Council. These two additions will be great assets to the Council in its work going forward.

The TDMHSAS Regional Planning and Policy Councils also saw several accomplishments. In Region II, the expansion of the Crisis Intervention Training (CIT) classes to police departments within Anderson and Knox Counties proved to be beneficial when one trained officer from the Rocky Top Police Department reported that two days after receiving his training, he was able to use his de-escalation skills to talk someone down from jumping off an overpass. The individual was taken to the hospital safely. With the suicide rate in Tennessee increasingly yearly, the CIT program has been crucial in the Department's efforts to decrease the suicide rate throughout the state. Members of the Region II Planning and Policy Council are active in the expansion of the CIT program, and classes are on-going. Additionally, Region II's vital involvement and participation with the Legislative Proposal process continued in 2018 with six submitted proposals for review.

Throughout the fiscal year, a main focus for the majority of the Regional Councils has been to increase membership. In Region IV, membership of consumers and family members surpassed the 50% threshold. Current membership for Region IV is over 70 people, and continues to grow. Similarly, in the last three years, a concerted effort has been made by the leadership of the Region IV Children's Committee to broaden its representation and membership. A successful strategy has been an "open house", which invites children's related service representatives from throughout Region IV to attend and network. Success has been such that attendance at meetings has approximately doubled. Seeing the success of the Children's Committee has encouraged members of the Region IV Adult Committee to revitalize the work of the Committee with a new focus directed at identifying seniors with behavioral health needs as a growing sector that needs to be addressed. Both the Adult and Children's Committees within all of the Regional Planning and Policy Councils are vital in the needs assessment process.

In Region I, by changing the location of the meetings to allow for call-in options for providers and consumers who could not attend in person, membership drastically increased. In 2018, approximately 80-90% of members in attendance were consumers and/or family members. As a result, there was large amount of consumer participation with the Annual Needs Assessment which helped to identify critical mental health and substance abuse needs within the region from a consumer standpoint.

Similarly, the Region III Planning and Policy Council was able to increase attendance at meetings while also shifting focus of meetings to make them more impactful. Council leadership changed the dates and meeting times of other important Region III meetings that take place quarterly and arranged for them to be scheduled on the same day and location, but at different times. This was successful as it allowed members to attend who often had to miss the Planning and Policy Council meetings due to scheduling conflicts.

Each and every Regional Planning and Policy Council continues to work productively through education, support, and advocacy to meet the Department's vision of remaining the nation's most innovative and proactive state behavioral health authorities.

CHALLENGES

Opioid Epidemic

While TDMHSAS has been able to reach more Tennesseans who are struggling with substance abuse than ever before, the need to provide for more services is a continuing challenge as TDMHSAS strives to meet the demand for individuals experiencing addiction. Abuse of prescription medications continues to significantly impact the state, along with an increase in the use of heroin and methamphetamine. The abuse of prescription opioids and heroin is at epidemic levels with severe consequences as heroin treatment rates have grown more than four times in the past five years in metropolitan counties of the state from a low of 6.9 per 10,000 of poverty population to 28.8 per 10,000 of poverty population. However, TDMHSAS continues to offer a wide range of prevention, treatment, and recovery services, and have seen noteworthy progress in our providers' ability to offer services to individuals who are in need of the services we provide.

Workforce Development

Tennessee continues to experience a shortage of trained professionals who can provide mental health treatment to its citizens. Recruiting and retaining Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), as well as Psychiatrists, at the Regional Mental Health Institutes (RMHIs) and state facilities are one of the biggest challenges faced by the Department. Despite multiple efforts to attract these professionals into the state hospitals' workforce, there continues to be a shortage of these trained staff. In FY 2018, in collaboration with the Department of Labor and Workforce Development, a program was developed that will assist interested state employees in becoming nurses. This program will allow any interested current state employee to advance their career with flexible work hours and financial assistance. Upon completion of the program, an individual is expected to work for the facility for a minimum of two years. The hope is that this program will assist in the shortage of staff in these areas.

Reducing Stigma

Reducing the stigma associated with mental illness or substance abuse disorders will allow individuals to feel more empowered to seek treatment. TDMHSAS will continue investing in its education and awareness efforts to reduce stigma of mental illness and substance abuse disorders.

Suicide Prevention

Three Tennesseans die by suicide per day. While TDMHSAS and the Tennessee Suicide Prevention Network (TSPN) strive to prevent suicide through training, awareness, counseling and outreach, reducing the number of suicides remains a challenge throughout the state. TDMHSAS and TSPN will continue to look aggressively at ways to address this issue.

Council System Challenges

In FY 2018, Regional Councils identified several needs across the state. These needs included: lack of affordable housing options; limited number of treatment beds for children; limited number of treatment options for the uninsured with mental health, substance abuse, and co-occurring needs; increased wait times for individuals awaiting inpatient hospitalization; increasing the number engaged consumers and family members who participate on the Councils; hospital transportation; and an increased rate of opioid abuse and overdoses. In April 2018, it was announced that DMHS would receive an additional \$3 million in Mental Health Block Grant (MHBG) funds. After meeting with Council leadership, the Commissioner allocated \$2 million of these funds toward housing.

TDMHSAS is committed to continued advocacy as well as leveraging of other non-state funding sources to meet the needs of Tennesseans who are struggling with untreated mental health, substance abuse and addiction issues.

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